

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111368

FILED
Mar 12, 2012
Secretary of State

Entity Name: NMS WEIGHTLOSS CLINIC II, LLC

Current Principal Place of Business:

90 CYPRESS WAY EAST
SUITE 45
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTER COURT
BLDG. # 400
FORT MYERS, FL 33912

New Mailing Address:

6150 DIAMOND CENTRE COURT
BLDG. # 400
FORT MYERS, FL 33912

FEI Number: 26-1347346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NETWORK MANAGEMENT SERVICES, LLC
6150 DIAMOND CENTER COURT
BLDG. # 400
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

NETWORK MANAGEMENT SERVICES, LLC
6150 DIAMOND CENTRE COURT
BLDG. # 400
FORT MYERS, FL 33912 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

03/12/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NETWORK MANAGEMENT SERVICES, LLC
Address: 6150 DIAMOND CENTRE COURT, BLDG. # 400
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM
Name: BLOY, RICHARD L M.D.
Address: 6150 DIAMOND CENTRE COURT, BLDG# 400
City-St-Zip: FORT MYERS, FL 33912

Title: COO
Name: BLOY, PETER
Address: 6150 DIAMOND CENTRE CT BLDG 400
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER BLOY

COO

03/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date